

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 08/2018)		TRANSCRIPT ORDER Please use one form per court reporter. <i>CJA counsel please use Form CJA24</i> Please read instructions on next page.							COURT USE ONLY <b>DUE DATE:</b>						
1a. CONTACT PERSON FOR THIS ORDER Kelsie Jones		2a. CONTACT PHONE NUMBER 310-883-6554		3. CONTACT EMAIL ADDRESS ktjones@cooley.com											
1b. ATTORNEY NAME (if different) Maximilian Sladek De La Cal		2b. ATTORNEY PHONE NUMBER 310-883-6527		3. ATTORNEY EMAIL ADDRESS msladekdelacal@cooley.com											
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) Cooley LLP 101 California Street, 5th Floor San Francisco, CA 94111			5. CASE NAME IN RE CALIFORNIA BAIL BOND ANTITRUST LITIGATION					6. CASE NUMBER 19-cv-00717-JST							
			8. THIS TRANSCRIPT ORDER IS FOR: <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached) <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL					CJA: <u>Do not use this form; use Form CJA24.</u>							
7. COURT REPORTER NAME ( FOR FTR, LEAVE BLANK AND CHECK BOX)→ <input checked="" type="checkbox"/> FTR															
9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:															
a. HEARING(S) (OR PORTIONS OF HEARINGS)				b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.)					c. DELIVERY TYPE (Choose one per line)						
DATE	JUDGE (initials)	TYPE (e.g. CMC)	PORTION If requesting less than full hearing, specify portion (e.g. witness or time)	PDF (email)	TEXT/ASCII (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	3-DAY	DAILY (Next day)	HOURLY (2 hrs)	REALTIME
9/30/2021	DMR	DISC	Full	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:															
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional). 11. SIGNATURE <i>/s/ Maximilian Sladek De La Ca</i>													12. DATE 9/30/2021		